

Northern Virginia MR/MI Work Group Meeting September 3, 2003

The Northern Virginia MR/MI Work Group met at the Fairfax County Government Center, Room #8, on Wednesday, September 3, 2003.

Attending:

Mark S. Diorio, Ph.D., M.P.H., Director, NVTC
Jessica Burmester, Board Member, Fairfax-Falls Church CSB
Fred Firestone, MR Case Management, Loudoun County CSB
Russell Garth, Parent
Leslie Katz, LCSW, Director of Social Work, NVTC
Nancy Mercer, Executive Director, The Arc of Northern Virginia
Lou Rosato, DSW, LCSW, Director, Community Services & SW, NVMHI
Alan Wooten, Executive Director MR Services, Fairfax-Falls Church, CSB
Joanna Wise-Barnes, MR/DD State Systems Coord., Arlington CSB
Amanda Goza, Ph.D., NVMHI

Mark Diorio convened the meeting at 1300.

July 9, 2003 meeting minutes were accepted as written.

Mark extended his appreciation to all those who contributed to the Final Report, which has been shared with other regions within the State. Mark also reported that he is now Co-Chair of the MR Special Populations Work Group, along with Judy Rossi. The NO VA Workgroup report is being used as a model for discussion about dual diagnosis.

Three topics that Central Office will be focusing on with regard to Dual Diagnosis are:

1. SWVTC has just opened an 8-bed acute treatment unit to treat individuals with dual diagnosis who live in the SW VA service.
2. PACT like dual diagnosis crisis intervention teams in 4 HPR regions based upon a consultation and training module. The teams will consist of clinical and direct care staff and will provide consultative and preventive care, direct service provision, short-term direct care staff support to community homes, and training for both direct care staff and clinical professionals.
3. Best Practice conference is still in the works, but more feedback from each of the dual diagnosis study groups from each of the HPR service areas are needed before a final agenda is determined.

Joanna Barnes stated that in the past, there were liability issues that prevented state employees from going into the community to provide support services (#2 noted above). Mark stated that he would follow up on this, but given the NVTC outpatient program has been doing this without issue, he doubts the State will have an issue with it; however, private residential providers may.

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Nancy Mercer stressed the need for building alternatives, as there is presently a lack of appropriate housing in the community for consumers. She stated that Medicaid Waiver Section 8 voucher certificates and service hours should be further explored, as Section 8 is open to individual group home bedrooms, instead of whole houses.

Joanna Barnes suggested that the State offer some sort of training regarding funding options accessible, as many consumers and staff are not aware of all funding opportunities available to them.

Mark asked for volunteers for a sub-committee to work on development of the *Level of Treatment* document for MR treatment recipients. Plans are for the Level of Treatment model to be used with the MR Special Populations Committee, as well as the Dual Diagnosis Steering Committee and Regional Planning Steering Committee. Mark asked that this be modeled in common language with MR components added to the level of care. It was agreed that protocols would need to be consistent with treatment across the board.

The *Level of Treatment* sub-committee will consist of Alan Wooten, Chairman, Amanda Goza, Alan Eltagi, Nancy Mercer and Leslie Katz. Mark asked that the sub-committee meet and present their recommendations to the committee no later than the November 5th meeting of the NO VA Work Group .

Discussion ensued to development of priority recommendations included in the Final Report. Russell Garth suggested that a one-page synopsis be developed taking the work done by the committee and putting it in a form that would be easily understood and widely distributed. Joanna Barnes suggested taking recommendations and “bulleting” them, concentrating on education, training and funding.

Joanna Barnes recommended that the committee re-develop the list of resources and distribute the list, as well as institute cross training and communication, suggesting that workshops be held by training center and CSB staff at each training center facility. Members discussed contacting all psychiatrists in the Northern Virginia area to find out if they already serve individuals with MR/MI issues, and if they would be interested in providing psychiatric services if they were offered incentives.

Leslie Katz stressed the need to inform consumers of what to do when the system fails them, and to work on more pro-active training and communication.

Alan Wooten discussed the “Resource Team” approach. Mark suggested Memo’s of Agreement (MOAs) be developed within each CSB that would define a joint responsibility between MR and MH. Alan said he would follow up on this issue with his MH counterpart.

For the next meeting, Mark asked those present to use the 3 main topics of Education/Training, Building Capacity, and Funding to organize a list of priorities from the full report and then further sub-divide those priorities into two sub-sections:

- Priority issues we can carry out through existing funding and staff resources, and
- Priority issues that cannot be accomplished without additional special funding and/or additional staff resources.

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Members will bring this information to the next MR/MI Work Group Meeting in November.

The meeting adjourned at 1535. The next Work Group meeting is scheduled for Wednesday, November 5, 2003, 1300 to 1530, in the Executive Conference Room, Building 1, at the Northern Virginia Training Center.

Respectfully submitted,

Mark S. Diorio, Ph.D., M.P.H., Chairman